

## CIVIL COVER SHEET

CV 16-00008

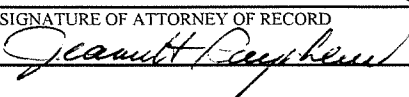
The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<b>I. (a) PLAINTIFFS</b> FELOTEO V. RANADA  <b>(b)</b> County of Residence of First Listed Plaintiff <u>SAIPAN, CNMI</u> <i>(EXCEPT IN U.S. PLAINTIFF CASES)</i>  <b>(c)</b> Attorneys (Firm Name, Address, and Telephone Number) JEANNE H. RAYPHAND, ATTORNEY NMPASI, Box 503529, SAIPAN, MP 96950 Tel: (670) 235-7273 or 7274	<b>DEFENDANTS</b> KEN AQUA HOTEL AND RESORT, INC., dba AQUA RESORT HOTEL SAIPAN  County of Residence of First Listed Defendant <u>SAIPAN, CNMI</u> <i>(IN U.S. PLAINTIFF CASES ONLY)</i> NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.  Attorneys (If Known)
<b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)	<b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)

<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> 1 U.S. Government Plaintiff</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> 3 Federal Question <i>(U.S. Government Not a Party)</i></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 2 U.S. Government Defendant</td> <td style="border: none;"><input type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i></td> </tr> </table>	<input type="checkbox"/> 1 U.S. Government Plaintiff	<input checked="" type="checkbox"/> 3 Federal Question <i>(U.S. Government Not a Party)</i>	<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i>	<table style="width: 100%; border: none;"> <tr> <th style="text-align: left; border: none;">Citizen of This State</th> <th style="text-align: center; border: none;">PTF <input type="checkbox"/> 1</th> <th style="text-align: center; border: none;">DEF <input type="checkbox"/> 1</th> <th style="text-align: left; border: none;">Incorporated or Principal Place of Business In This State</th> <th style="text-align: center; border: none;">PTF <input type="checkbox"/> 4</th> <th style="text-align: center; border: none;">DEF <input type="checkbox"/> 4</th> </tr> <tr> <td style="border: none;">Citizen of Another State</td> <td style="text-align: center; border: none;"><input type="checkbox"/> 2</td> <td style="text-align: center; border: none;"><input type="checkbox"/> 2</td> <td style="border: none;">Incorporated and Principal Place of Business In Another State</td> <td style="text-align: center; border: none;"><input type="checkbox"/> 5</td> <td style="text-align: center; border: none;"><input type="checkbox"/> 5</td> </tr> <tr> <td style="border: none;">Citizen or Subject of a Foreign Country</td> <td style="text-align: center; border: none;"><input type="checkbox"/> 3</td> <td style="text-align: center; border: none;"><input type="checkbox"/> 3</td> <td style="border: none;">Foreign Nation</td> <td style="text-align: center; border: none;"><input type="checkbox"/> 6</td> <td style="text-align: center; border: none;"><input type="checkbox"/> 6</td> </tr> </table>	Citizen of This State	PTF <input type="checkbox"/> 1	DEF <input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	PTF <input type="checkbox"/> 4	DEF <input type="checkbox"/> 4	Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6
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<b>V. ORIGIN</b> (Place an "X" in One Box Only)	<input checked="" type="checkbox"/> 1 Original Proceeding <input type="checkbox"/> 2 Removed from State Court <input type="checkbox"/> 3 Remanded from Appellate Court <input type="checkbox"/> 4 Reinstated or Reopened <input type="checkbox"/> 5 Transferred from Another District (specify) <input type="checkbox"/> 6 Multidistrict Litigation
<b>VI. CAUSE OF ACTION</b>	Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): <u>ADA, 42 USC 12101 et seq., as amended</u> Brief description of cause: <u>Employment discrimination and termination on basis of disability (hearing impairment)</u>
<b>VII. REQUESTED IN COMPLAINT:</b>	<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.            DEMANDS TO BE DET'D <u>+ INJUNCTIVE RELIEF</u> CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>VIII. RELATED CASE(S) IF ANY</b>	(See instructions): JUDGE _____ DOCKET NUMBER _____

DATE 03/04/2016	SIGNATURE OF ATTORNEY OF RECORD 
FOR OFFICE USE ONLY	
RECEIPT # _____	AMOUNT _____
APPLYING IFP _____	JUDGE _____
MAG. JUDGE _____	